

239293  
239294

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request to cancel Class C Charter Certificate

Four Moons, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2012-319-T  
NUMBER: 2010 - 254 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Scott Lloyd Telephone: 803 268-5089  
Address: 620 Magnolia Street Fax: 803 531-9244  
Orangeburg SC 29115 Other: 803 707-1695  
Email: slloyd@zeusinc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

# Request for Cancellation of Certificate

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: September 11, 2012

Please consider this a request to cancel my:

- |   |   |
|---|---|
| <input type="checkbox"/> Class C Taxi Certificate               | <input type="checkbox"/> Class A Restricted Certificate |
| <input checked="" type="checkbox"/> Class C Charter Certificate |   |
| <input type="checkbox"/> Class C Charter Bus Certificate        |   |
| <input type="checkbox"/> Non-Emergency Certificate              |   |
| <input type="checkbox"/> Class E Household Goods Certificate    |   |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate   |   |

My Certificate Number is

8326

Four Moons, LLC

(Name of Company)

DBA

N/A

(If applicable)

⊗ 620 Magnolia Street

(Street Address)

⊗

(Mailing Address if different from Street Address)

⊗ ORANGEBURG SC 29115

(City, State, Zip Code)

⊗

(City, State, Zip Code)

⊗ 803 531 - 2174

(Telephone Number)

⊗

Joan Winarchuk

(Signature)

⊗

President of Sole Member

(Title) Owner, President, etc.